

Gaithersburg Youth Center/Student Union Trip (Grades 6-12)

MILK DAY OF SERVICE

SSL AND A PIZZA LUNCH

Monday, Jan. 20
8:30am-3:30pm

\$10

Members Only



ONLINE REGISTRATION AVAILABLE: www.gaithersburgmd.gov keyword search: GYC

See Reverse Side for Registration Form

BOHRER PARK ACTIVITY CENTER

506 S. FREDERICK AVE.
GAITHERSBURG, MD 20877

SENECA CREEK COMM CHURCH

13 FIRSTFIELD ROAD,
GAITHERSBURG, MD 20878

ROBERTSON PARK GYC

801 RABBITT RD,
GAITHERSBURG, MD 20878

**THE TRIP WILL DEPART FROM THE ACTIVITY CENTER AT 8:30AM
& RETURN TO THE ACTIVITY CENTER AT 3:30PM.**

PARENTS MUST PICK UP THEIR CHILD FROM THE ACTIVITY CENTER AT THE CONCLUSION OF THE TRIP.

PLEASE COME TO THIS EVENT READY TO WORK!

VOLUNTEERS WILL RECEIVE SSL HOURS AT THE TRIP'S CONCLUSION.

Registration Information:

**Return Permission Slip &
Payment to City of
Gaithersburg:**

**Activity Center/GYC Trip
506 S. Frederick Ave.
Gaithersburg, MD 20877**

**Checks made payable to the
City of Gaithersburg. Visa,
Discover, MasterCard, &
AMEX accepted.**



Questions? Call Maura Dinwiddie or Jake Hersom at 301-258-6350

Gaithersburg Parks, Recreation & Culture - Move...Play...Grow

MLK Day of Service 9604

Parent's Last Name _____ Parent's First Name _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Email _____

Participant's Name	Birthdate M/D/Y	Activity Name	Activity #	Date	Grade	School	Fee
		MLK Day of Service	9604	1/20/20			
		MLK Day of Service	9604	1/20/20			

I hereby voluntarily wish to attend, and/or grant permission for a family member under my custody or supervision to attend the activity sponsored by the City of Gaithersburg. I understand that we do so at our own risk and that I am responsible for the insurance in case of any harm or injury to me and/or the family member. I know, understand, and acknowledge that there are risks associated with the use of City buildings/equipment/personal property and hereby assume any and all risks and hazards associated therewith, and shall be solely responsible for safe and reasonable use. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, its employees or agents will not be responsible for any personal property lost by me and/or family member or for any harm or personal injury sustained in the program. I also consent to the City's use of any photographs and/or videotapes made of the program. I understand that all program/activity withdrawals are subject to processing fees and that some programs/activities are non-refundable in accordance with the Department of Parks, Recreation and Culture Withdrawal and Refund Guidelines.

I/we agree to follow all facility rules and regulations, including all instructions from any City staff, and understand that I/we may be subject to removal if any rules, regulations or instructions are not followed. If City-provided equipment is used, I/we agree to use it only at the facility where provided and to use it according to any rules, regulations or instructions, and prior to my/our leaving the facility to return it in the same condition as it was when received.

I understand the City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act and other applicable law, and that I am responsible for making a request for reasonable accommodation in advance, at least two weeks prior to the start of the program, to allow the request to be considered and any reasonable accommodations to be put in place. It is understood that entry to the program may be delayed (or denied if late entry cannot be permitted) if a request which does not allow the City sufficient time.

Print Parent/Guardian Name

Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? Y ☐ N ☐

Please specify: _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ _____ Cash ☐ Check # _____

Visa/MC/DISC/AMEX# _____ Exp. Date ____/____

Signature (name on card) _____

Print Name _____

Office Use Only:9604

Rec'd: _____ Initials _____

W P M F Resident: Y N

Pr: _____ Date: _____